

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1							51		3	
2							52		3	
3							53		3	
4							54		3	
5							55		3	
6							56		3	
7							57		3	
8							58		3	
9							59		3	
10							60		3	
11							61		3	
12							62		3	
13							63		3	
14							64		3	
15							65		3	
16							66		3	
17							67		3	
18							68		3	
19							69			
20							70			
21							71			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			